

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047  
**2017**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **SOUTHWEST CENTER FOR HIV/AIDS**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **1101 N CENTRAL AVENUE, SUITE 200**  
 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **PHOENIX AZ 85004-1818**

**D** Employer identification number: **\*\*-\*\*\*5862**

**E** Telephone number: **602-307-5330**

**F** Name and address of principal officer:  
**RICH HYBNER**  
**1101 N CENTRAL AVE, SUITE 200**  
**PHOENIX AZ 85004**

**G** Gross receipts: **2,763,420**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SWHIV.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1990** **M** State of legal domicile: **AZ**


**H(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO SERVE INDIVIDUALS TOUCHED BY HIV/AIDS THROUGH PREVENTION, EDUCATION, CLIENT-CENTERED SERVICES AND COORDINATED CARE IN COLLABORATION WITH COMMUNITY PARTNERS.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>14</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>14</b>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>54</b>
	6	Total number of volunteers (estimate if necessary)	<b>78</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>49,440</b>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>2,549,298</b> Current Year: <b>1,935,516</b>
	9	Program service revenue (Part VIII, line 2g)	<b>239,299</b> <b>166,303</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>24,589</b> <b>13,767</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>98,189</b> <b>325,251</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,911,375</b> <b>2,440,837</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,115,529</b> <b>1,778,687</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>34,189</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,740,820</b> <b>1,599,131</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,856,349</b> <b>3,377,818</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>-944,974</b> <b>-936,981</b>
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>6,488,358</b> End of Year: <b>5,665,160</b>
	21	Total liabilities (Part X, line 26)	<b>97,267</b> <b>211,050</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>6,391,091</b> <b>5,454,110</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer:   
 Date: **10/30/2018**  
**RICH HYBNER** **CFO**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RACHEL R. LOCKE, CPA** Preparer's signature: **RACHEL R. LOCKE, CPA** Date: **10/26/18** Check  if self-employed  PTIN: **\*\*\*\*\***  
 Firm's name: **FESTER & CHAPMAN, PLLC** Firm's EIN: **\*\* - \*\*\* 5657**  
 Firm's address: **9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260** Phone no.: **602-264-3077**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**TO SERVE INDIVIDUALS TOUCHED BY HIV/AIDS THROUGH PREVENTION, EDUCATION, CLIENT-CENTERED SERVICES AND COORDINATED CARE IN COLLABORATION WITH COMMUNITY PARTNERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **2,449,452** including grants of\$ ) (Revenue \$ **166,303** )

**EDUCATION, PREVENTION AND OUTREACH: PROVIDES EDUCATION AND TRAINING ABOUT HIV PREVENTION AND SAFER-SEX IN BOTH URBAN AND RURAL AREAS OF ARIZONA. SPECIALISTS IDENTIFY HIV-POSITIVE INDIVIDUALS & HELP THEM BECOME KNOWLEDGEABLE ABOUT HIV AND AIDS SERVICES. NUTRITION, WELLNESS & BEHAVIORAL HEALTH: ALTERNATIVE & COMPLIMENTARY THERAPIES AND NURSE PRACTITIONERS ARE AVAILABLE. THERAPIES MAY INCLUDE ACUPUNCTURE, REIKI, MEDICATION, HOMEOPATHY, VITAMIN & HERBAL SUPPLEMENTATION. NUTRITION VISITS ARE CONDUCTED BY A REGISTERED DIETICIAN ON PROPER NUTRITION & FOOD SAFETY. (CONTINUED ON SCHEDULE O)**

4b (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **2,449,452**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> <b>14</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> <b>14</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
	<b>10b</b>		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
	<b>12c</b>	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RICH HYBNER**

**1101 N CENTRAL AVE, SUITE 200**

**PHOENIX**

**AZ 85004**

**602-307-5330**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>GARY EGAN</b>	40.00									
INTERIM CEO/CFO	0.00	X		X			97,314	0	0	
(2) <b>MIKE SPARACO</b>	2.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(3) <b>LAURA MITCHELL</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) <b>CHAD WOLVER</b>	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(5) <b>WAYNE GOULET</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>JANICE DINNER</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>KEN GABEL</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>JENNIFER WIEDLE</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>DEBRA STARK</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>PATRICIA LLOYD</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(11) <b>EDDY BROADWAY</b>	2.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DANNY ISCHY</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>JESSICA YANOW</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>KRISTIN KALLA</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			38,644	0	0	
(15) <b>JESSICA FORTINOS</b>	40.00									
INTERIM CEO	0.00			X			1,599	0	0	
(16) <b>RICH HYBNER</b>	40.00									
CFO	0.00			X			0	0	0	
<b>1b Sub-total</b>							<b>137,557</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>137,557</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns					
	<b>1b</b> Membership dues					
	<b>1c</b> Fundraising events	180,314				
	<b>1d</b> Related organizations					
	<b>1e</b> Government grants (contributions)	1,366,753				
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	388,449				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	136				
	<b>h</b> Total. Add lines 1a-1f	1,935,516				
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM FEES	166,303	166,303			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f	166,303				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	13,767			13,767	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	378,433			
		(ii) Personal				
		<b>b</b> Less: rental exps.	9,745			
	<b>c</b> Rental inc. or (loss)	368,688				
	<b>d</b> Net rental income or (loss)	368,688		49,440	319,248	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis & sales exps.				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 180,314 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	96,855			
<b>c</b> Net income or (loss) from fundraising events		-96,855				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	237,216				
	<b>b</b> Less: cost of goods sold	215,983				
	<b>c</b> Net income or (loss) from sales of inventory	21,233	21,233			
<b>Miscellaneous Revenue</b>						
<b>11a</b> OTHER	<b>621110</b>	32,185	32,185			
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e</b> Total. Add lines 11a-11d	32,185				
<b>12</b> Total revenue. See instructions.	2,440,837	219,721	49,440	333,015		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>301,804</b>	<b>241,443</b>	<b>60,361</b>	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>1,221,957</b>	<b>1,029,113</b>	<b>187,018</b>	<b>5,826</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>125,133</b>	<b>104,339</b>	<b>20,315</b>	<b>479</b>
10 Payroll taxes	<b>129,793</b>	<b>108,225</b>	<b>21,072</b>	<b>496</b>
11 Fees for services (non-employees):				
a Management				
b Legal	<b>2,725</b>		<b>2,725</b>	
c Accounting	<b>19,800</b>		<b>19,800</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>227,561</b>	<b>30,444</b>	<b>197,117</b>	
12 Advertising and promotion	<b>47,718</b>	<b>10,085</b>	<b>36,885</b>	<b>748</b>
13 Office expenses	<b>15,869</b>	<b>3,354</b>	<b>12,266</b>	<b>249</b>
14 Information technology	<b>1,811</b>	<b>383</b>	<b>1,400</b>	<b>28</b>
15 Royalties				
16 Occupancy	<b>264,718</b>	<b>122,018</b>	<b>139,693</b>	<b>3,007</b>
17 Travel	<b>65,897</b>	<b>48,542</b>	<b>17,355</b>	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>606</b>	<b>128</b>	<b>468</b>	<b>10</b>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>309,987</b>	<b>256,211</b>	<b>36,097</b>	<b>17,679</b>
23 Insurance	<b>42,641</b>	<b>9,012</b>	<b>32,961</b>	<b>668</b>
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FOOD SUPPLEMENTS</b>	<b>337,483</b>	<b>337,483</b>		
b <b>MATERIALS AND SUPPLIES</b>	<b>190,827</b>	<b>133,563</b>	<b>53,386</b>	<b>3,878</b>
c <b>OTHER</b>	<b>71,488</b>	<b>15,109</b>	<b>55,258</b>	<b>1,121</b>
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,377,818</b>	<b>2,449,452</b>	<b>894,177</b>	<b>34,189</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>621,758</b>	<b>1</b>	<b>458,363</b>
	<b>2</b> Savings and temporary cash investments .....	<b>295,982</b>	<b>2</b>	<b>57,137</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>232,070</b>	<b>3</b>	<b>277,189</b>
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>14,436</b>	<b>8</b>	<b>16,015</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>12,264</b>	<b>9</b>	<b>27,188</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>6,080,339</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>1,399,249</b>	<b>4,950,443</b>	<b>10c</b> <b>4,681,090</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>361,405</b>	<b>15</b>	<b>148,178</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>6,488,358</b>	<b>16</b>	<b>5,665,160</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>97,267</b>	<b>17</b>	<b>156,379</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	<b>54,671</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>97,267</b>	<b>26</b>	<b>211,050</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>5,996,569</b>	<b>27</b>	<b>5,321,058</b>
	<b>28</b> Temporarily restricted net assets .....	<b>394,522</b>	<b>28</b>	<b>133,052</b>
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	<b>6,391,091</b>	<b>33</b>	<b>5,454,110</b>	
<b>34</b> Total liabilities and net assets/fund balances .....	<b>6,488,358</b>	<b>34</b>	<b>5,665,160</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,440,837</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,377,818</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-936,981</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,391,091</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,454,110</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**SOUTHWEST CENTER FOR HIV/AIDS**

Employer identification number

**\*\*-\*\*\*5862**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see Instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,705,129	2,928,589	2,397,952	2,549,298	1,935,516	16,516,484
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	6,705,129	2,928,589	2,397,952	2,549,298	1,935,516	16,516,484
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,555,933
6 <b>Public support.</b> Subtract line 5 from line 4.						10,960,551

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6,705,129	2,928,589	2,397,952	2,549,298	1,935,516	16,516,484
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,059	296,420	291,934	304,304	333,015	1,247,732
9 Net income from unrelated business activities, whether or not the business is regularly carried on			4,192	5,629	48,440	58,261
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,985	103,348	14,549	71		125,953
11 <b>Total support.</b> Add lines 7 through 10						17,948,430
12 Gross receipts from related activities, etc. (see instructions)					12	435,704

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	61.07%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	51.23%

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>2016 AMOUNT</b>	<b>\$ 71</b>
<b>2015 AMOUNT</b>	<b>\$ 14,549</b>
<b>2014 AMOUNT</b>	<b>\$ 103,348</b>
<b>2013 AMOUNT</b>	<b>\$ 7,985</b>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**SOUTHWEST CENTER FOR HIV/AIDS**

**\*\*-\*\*\*5862**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation .

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>SOUTHWEST CENTER FOR HIV/AIDS</b>	Employer identification number <b>**-***5862</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARICOPA COUNTY RYAN WHITE PART A PROGRAM 301 W JEFFERSON STREET SUITE 3200 PHOENIX AZ 85003	\$ 876,635	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARICOPA INTEGRATED HEALTH SYSTEM 2601 E ROOSEVELT STREET PHOENIX AZ 85008	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARIZONA DEPARTMENT OF HEALTH SERVICES 50 N 18TH AVENUE PHOENIX AZ 85007	\$ 259,534	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CENTERS FOR DISEASE CONTROL AND PREVENTION 1660 CLIFTON ROAD ATLANTA GA 30333	\$ 170,584	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

Employer identification number

**SOUTHWEST CENTER FOR HIV/AIDS**

**\*\*-\*\*\*5862**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....	
4 Number of states where property subject to conservation easement is located ▶ .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Temporarily restricted endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>5,398,755</b>	<b>902,576</b>	<b>4,496,179</b>
<b>d</b> Equipment .....		<b>681,584</b>	<b>496,673</b>	<b>184,911</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>4,681,090</b>



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER CURRENT LIABILITIES</b>	<b>47,406</b>
(3) <b>TENANT SECURITY DEPOSIT</b>	<b>7,265</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	<b>54,671</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Open to Public Inspection

Name of the organization

**SOUTHWEST CENTER FOR HIV/AIDS**

Employer identification number

**\*\*-\*\*\*5862**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>OTHER FUNDRAISING</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	180,314		180,314
	2	Less: Contributions	180,314		180,314
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	96,855		96,855
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-96,855

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: .....  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: .....  
 .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: .....  
 .....

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer    
  Employee    
  Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number

**SOUTHWEST CENTER FOR HIV/AIDS**

**\*\*-\*\*\*5862**

**FORM 990 - ADDITIONAL INFORMATION**

**THE ORGANIZATION CEASED ITS INVOLVEMENT WITH CLINICAL TRIALS IN FISCAL  
YEAR 2016.**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**BEHAVIORAL HEALTH PROVIDES ONE-ON-ONE AND GROUP THERAPY AND MEDICATION  
MANAGEMENT SERVICES FOR HIV POSITIVE INDIVIDUALS & ADULT FAMILY MEMBERS.  
COMMUNITY SERVICES: THE ORGANIZATION HAS RENOVATED A FACILITY TO HOUSE A  
NEW COMMUNITY HEALTH AND EDUCATION CENTER. THIS COMMUNITY-BASED,  
COLLABORATIVE HEALTH CENTER IS A ONE-STOP RESOURCE FOR PREVENTION,  
EDUCATION, MENTAL HEALTH, NUTRITION, HEALTH SERVICES AND WELLNESS, HELPING  
THOSE WHO ARE AT RISK FOR AND IMPACTED BY HIV/AIDS. THE FACILITY WAS  
COMPLETED IN THE FALL OF 2013 AND IS HOME TO SEVERAL PARTNER ORGANIZATIONS  
AND COMPANIES MAKING IT ONE OF THE LARGEST HIV/AIDS PRIMARY CARE AND  
SUPPORT SERVICES FACILITIES IN ARIZONA.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE ORGANIZATION'S 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND WAS  
REVIEWED BY THE ACTING CO-EXECUTIVE DIRECTORS, CFO, FINANCE COMMITTEE, AND  
BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**TO ENSURE THAT MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AND SENIOR  
LEADERSHIP AVOID CONFLICTS OF INTEREST IN THE PERFORMANCE OF THEIR DUTIES**

Name of the organization

Employer identification number

SOUTHWEST CENTER FOR HIV/AIDS

\*\*-\*\*\*5862

FOR THE AGENCY, THE AFFAIRS OF THE ORGANIZATION ARE CONDUCTED IN ACCORDANCE WITH THE HIGHEST STANDARDS OF INTEGRITY. THERE IS NO DEVIATION FROM ETHICAL AND FISCAL HONESTY IN ANY OF THE ORGANIZATION'S TRANSACTIONS. THE ORGANIZATION IS ENTITLED TO RECEIVE FROM ITS BOARD OF DIRECTORS AND SENIOR LEADERSHIP THEIR COMPLETE AND UNDIVIDED LOYALTY TO ITS INTERESTS. A CONFLICT OF INTEREST IS DEFINED AS AN ACTIVITY OR INTEREST WHICH IS INCONSISTENT WITH, OR OPPOSED TO, THE BEST INTERESTS OF THE ORGANIZATION. MEMBERS OF THE BOARD OF DIRECTORS AND SENIOR LEADERSHIP MUST ACT, IN THE COURSE OF THEIR DUTIES, SOLELY IN THE BEST INTERESTS OF THE ORGANIZATION WITHOUT CONSIDERATION TO THE INTERESTS OF ANY OTHER AGENCY, ORGANIZATION, OR ASSOCIATION WITH WHICH THEY ARE ASSOCIATED, AND REFRAIN FROM TAKING PART IN ANY TRANSACTION WHERE SUCH PERSON(S) DO NOT BELIEVE IN GOOD FAITH THAT THEY CAN ACT WITH UNDIVIDED LOYALTY WITH THE ORGANIZATION, AND DISCLOSE ANY REAL OR POTENTIAL GAIN OBTAINED THROUGH INTEREST HELD IN ANOTHER ENTITY. IN THE EVENT THAT THE ORGANIZATION CONDUCTS BUSINESS WITH SUCH AN ENTITY, PRIOR BOARD OF DIRECTOR APPROVAL IS REQUIRED. CONFLICTS OF INTEREST ARE DISCUSSED AND DISCLOSED AT THE FIRST BOARD MEETING OF EACH CALENDAR YEAR. ALL BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE BOARD OF DIRECTORS APPROVED THE EXECUTIVE DIRECTOR'S COMPENSATION AND THE CEO DURING PART OF THE YEAR (2017) HAS A WRITTEN COMPENSATION AGREEMENT WITH THE ORGANIZATION. LATER IN THE YEAR (2017), THE POSITION OF CEO WAS REPLACED WITH AN EXECUTIVE DIRECTOR'S POSITION, WHO RECEIVED A BOARD APPROVED COMPENSATION.



Name of the organization

Employer identification number

**SOUTHWEST CENTER FOR HIV/AIDS**

**\*\* - \*\*\*5862**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES COMPENSATION AFTER THE ANNUAL EMPLOYEE REVIEW.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION'S FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, BY-LAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <b>( 3 )</b>  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>5,665,160</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SOUTHWEST CENTER FOR HIV/AIDS</b></p> <p>Number, street, and room or suite no., if a P.O. box, see instructions. <b>1101 N CENTRAL AVENUE, SUITE 200</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>PHOENIX AZ 85004-1818</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>**-***5862</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>531120</b></p>
<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

**H** Describe the organization's primary unrelated business activity.  
▶ **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **RICH HYBNER** Telephone number ▶ **602-307-5330**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule) <b>SEE STMT 2</b>		59,185		59,185
<b>13 Total.</b> Combine lines 3 through 12		59,185		59,185

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule) <b>SEE STATEMENT 3</b>			9,745
<b>29 Total deductions.</b> Add lines 14 through 28			9,745
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			49,440
31 Net operating loss deduction (limited to the amount on line 30)			49,440
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.			0

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... <b>35c</b>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... <b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... <b>37</b>	
<b>38 Alternative minimum tax</b> ..... <b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions ..... <b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies ..... <b>40</b>	

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>41a</b>	
<b>b</b> Other credits (see instructions) ..... <b>41b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) ..... <b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d ..... <b>41e</b>	
<b>42</b> Subtract line 41e from line 40 ..... <b>42</b>	
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) ..... <b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43 ..... <b>44</b> <b>0</b>	
<b>45a</b> Payments: A 2016 overpayment credited to 2017 ..... <b>45a</b>	
<b>b</b> 2017 estimated tax payments ..... <b>45b</b>	
<b>c</b> Tax deposited with Form 8868 ..... <b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>45d</b>	
<b>e</b> Backup withholding (see instructions) ..... <b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) ..... <b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g ..... <b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... <b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed ..... <b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ..... <b>49</b>	
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> ..... <b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/> ..... <b>X</b>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. .... <b>X</b>		
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b> .....		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*[Signature]* **10/29/18** **CFO**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHEL R. LOCKE, CPA</b>	Preparer's signature <b>RACHEL R. LOCKE, CPA</b>	Date <b>10/29/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name <b>FESTER &amp; CHAPMAN, PLLC</b>	Firm's EIN <b>**--***5657</b>			
	Firm's address <b>9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260</b>	Phone no. <b>602-264-3077</b>			

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property		3. Deductions directly connected with or allocable to debt-financed property	
				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8					

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

**Federal Statements**

FYE: 12/31/2017

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

SPACE RENTAL INCOME FOR ACTIVITIES NOT RELATED TO THE ORGANIZATION'S MISSION STATEMENT.

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**DescriptionAmount

990T SPACE RENTAL	\$ 59,185
TOTAL	\$ 59,185

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**DescriptionAmount

ADVERTISING	\$ 980
TABLE RENTAL	600
CHAIR RENTAL	1,946
LINEN PURCHASE	416
SECURITY	2,250
EQUIPMENT PURCHASED	987
PAYROLL AND RELATED	1,902
INSURANCE	600
MISCELLANEOUS	64
TOTAL	\$ 9,745

## Net Operating Loss Carryover Worksheet

Form **990-T**

**2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name **SOUTHWEST CENTER FOR HIV/AIDS**

Employer Identification Number  
**\*\* - \*\*\*5862**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
20th 12/30/97					
19th 12/30/98					
18th 12/30/99					
17th 12/31/00					
16th 12/31/01					
15th 12/31/02					
14th 12/31/03					
13th 12/31/04					
12th 12/31/05	-53,845	11,821	42,024	42,024	
11th 12/31/06	-87,493		87,493	7,416	80,077
10th 12/31/07	-137,787		137,787		137,787
9th 12/31/08	-127,983		127,983		127,983
8th 12/31/09	-97,883		97,883		97,883
7th 12/31/10					
6th 12/31/11					
5th 12/31/12	-46,534		46,534		46,534
4th 12/31/13					
3rd 12/31/14	-204,319		204,319		204,319
2nd 12/31/15	5,192	-5,192			
1st 12/31/16	6,629	-6,629			
NOL carryover available to current year			744,023		
Current year	49,440			49,440	0
NOL carryover available to next year					694,583



Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

, ending

Name

Taxpayer Identification Number

**SOUTHWEST CENTER FOR HIV/AIDS****\*\* - \*\*\*5862**

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,470,168	568,763	-901,405
	2. Membership dues and assessments			
	3. Government contributions and grants	1,079,130	1,366,753	287,623
	4. Program service revenue	239,299	166,303	-72,996
	5. Investment income	24,589	13,767	-10,822
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-210,678	-96,855	113,823
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	29,081	21,233	-7,848
	11. Other revenue	279,786	400,873	121,087
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>2,911,375</b>	<b>2,440,837</b>	<b>-470,538</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	377,828	301,804	-76,024
	16. Salaries, other compensation, and employee benefits	1,737,701	1,476,883	-260,818
	17. Professional fundraising fees			
	18. Other professional fees	131,350	250,086	118,736
	19. Occupancy, rent, utilities, and maintenance	209,259	264,718	55,459
	20. Depreciation and Depletion	325,537	309,987	-15,550
	21. Other expenses	1,074,674	774,340	-300,334
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>3,856,349</b>	<b>3,377,818</b>	<b>-478,531</b>
23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-944,974</b>	<b>-936,981</b>	<b>7,993</b>	
<b>Other Information</b>	24. Total exempt revenue	2,911,375	2,440,837	-470,538
	25. Total unrelated revenue	6,629	49,440	42,811
	26. Total excludable revenue	566,126	552,736	-13,390
	27. Total assets	6,488,358	5,665,160	-823,198
	28. Total liabilities	97,267	211,050	113,783
	29. Retained earnings	6,391,091	5,454,110	-936,981
	30. Number of voting members of governing body	15	14	
	31. Number of independent voting members of governing body	15	14	
	32. Number of employees	76	54	
	33. Number of volunteers	78	78	

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**SOUTHWEST CENTER FOR HIV/AIDS**

**\*\* - \*\*\* 5862**

		2016	2017	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	6,629	59,185	52,556
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>6,629</b>	<b>59,185</b>	<b>52,556</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.		9,745	9,745
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>		<b>9,745</b>	<b>9,745</b>
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>	<b>6,629</b>	<b>49,440</b>	<b>42,811</b>
	25. Net operating loss deduction	25.	6,629	49,440	42,811
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>	<b>-1,000</b>	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Other taxes		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>		<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 13,767		14			
TOTAL	<u>\$ 13,767</u>					

# Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL SERVICES	\$ 227,561	\$ 30,444	\$ 197,117	\$
<b>TOTAL</b>	<b>\$ 227,561</b>	<b>\$ 30,444</b>	<b>\$ 197,117</b>	<b>\$ 0</b>

**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST	\$ 13,767
TENANT USE FEES	319,248
<b>TOTAL</b>	<b>\$ 333,015</b>

**Schedule A, Part II, Line 9(e)**

Description	Amount
990T SPACE RENTAL	\$ 49,440
LESS: DEDUCTIONS	-1,000
<b>TOTAL</b>	<b>\$ 48,440</b>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
PROGRAM FEES	\$ 166,303
OTHER	32,185
VITAMIN AND HERB SHOP SALES	237,216
OTHER FUNDRAISING	
<b>TOTAL</b>	<b>\$ 435,704</b>

\*\*-\*\*\*5862

**Federal Statements**

FYE: 12/31/2017

**OTHER FUNDRAISING****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT BENEFITS TO DONORS	\$ 96,855
TOTAL	\$ <u>96,855</u>

For the  calendar year 2017 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SOUTHWEST CENTER FOR HIV/AIDS</b>	Employer Identification Number (EIN) <b>**-***5862</b>
Business Telephone Number (with area code) <b>602-307-5330</b>	Address – number and street or PO Box <b>1101 N CENTRAL AVENUE, SUITE 200</b>	
	City, Town or Post Office <b>PHOENIX</b>	State ZIP Code <b>AZ 85004-1818</b>

**68** Check box if:  This is a first return  Name change  Address change  
**A** Date Arizona operations began: **10/01/1991**  
**B** Nature of Arizona activities: \_\_\_\_\_  
**C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
 82  82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.  
**68**  
**81** PM **66** RCVD

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**

**D**  NMMD Registry Identification Number: \_\_\_\_\_  
**E** What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship  
**F** If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation  
 If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information:  
 name, address, TIN, and ownership percentage at the end of the tax year.  
**G** Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_

**Sources of Income**

1	Gross sales from business activities	1	403,519	00
2	Less cost of goods sold or of operations: Include itemized statement <b>STMT 1</b>	2	215,983	00
3	Gross profit from business activities: Subtract line 2 from line 1	3	187,536	00
4	Interest	4	13,767	00
5	Dividends	5		00
6	Rents and royalties	6	378,433	00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	1,935,516	00
11	Other income: Include itemized statement <b>SEE STATEMENT 2</b>	11	32,185	00
12	Total income: Add lines 3 through 11	12	2,547,437	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13	301,804	00
14	Salaries and wages other than amounts included on line 2	14	1,221,957	00
15	Interest	15	606	00
16	Taxes	16	129,793	00
17	Rent expense	17	264,718	00
18	Depreciation: Include schedule <b>SEE STATEMENT 3</b>	18	309,987	00
19	Miscellaneous expenses: Include itemized statement <b>SEE STMT 4</b>	19	1,033,565	00
20	Total expenses: Add lines 13 through 19	20	3,262,430	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	125,133	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	-840,126	00
25	Accumulation of income at beginning of year	25	6,391,091	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	5,550,965	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
----	--	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

SOUTHWEST CENTER FOR HIV/AIDS

\*\*-\*\*\*5862

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1	Dues, assessments, etc., paid to affiliates .....	A1		00		
A2	Contributions, gifts, grants, etc., paid .....	A2		00		
A3	Benefit payments to or for members or their dependents:					
A3a	Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00		
A3b	Other benefits .....	A3b	125,133	00		
A4	Dividends and other distributions to members, shareholders, or depositors .....	A4		00		
A5	Other .....	A5		00		
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6			125,133	00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1	Dues, assessments, etc., paid to affiliates .....	B1		00		
B2	Contributions, gifts, grants, etc., paid .....	B2		00		
B3	Benefit payments to or for members or their dependents:					
B3a	Death, sickness, hospitalization, disability, or pension benefits .....	B3a		00		
B3b	Other benefits .....	B3b		00		
B4	Dividends and other distributions to members, shareholders, or depositors .....	B4		00		
B5	Other .....	B5		00		
B6	Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	B6				00

**SCHEDULE C Balance Sheet**

NOTE: Amounts reported in included schedules and in this column should be end of year amounts.

Assets		(a)		(b)			
		Beginning of Year		End of Year			
C1	Cash .....	917,740	00	C1	515,500	00	
C2a	Accounts receivable .....	C2a	277,189	00			
C2b	Less allowance for doubtful accounts .....	C2b		00			
C2c	Line C2a less line C2b. Enter difference in column (b) .....		232,070	00	C2c	277,189	00
C3a	Other notes and loans receivable: Include schedule .....	C3a		00			
C3b	Less allowance for doubtful accounts .....	C3b		00			
C3c	Line C3a less line C3b. Enter difference in column (b) .....			00	C3c		00
C4	Inventories .....		14,436	00	C4	16,015	00
C5	Investments (securities): Include schedule .....			00	C5		00
C6	Investments (other): Include schedule .....			00	C6		00
C7a	Land, buildings, and equipment; basis: .....	C7a	6,080,339	00			
C7b	Less accumulated depreciation: Include schedule .....	C7b	1,399,249	00			
C7c	Line C7a less line C7b. Enter difference in column (b) .....		4,950,443	00	C7c	4,681,090	00
C8	Other assets (describe): <b>SEE STATEMENT 6</b> .....		373,669	00	C8	175,366	00
C9	<b>Total assets: Add lines C1 through C8</b> .....		6,488,358	00	C9	5,665,160	00
<b>Liabilities</b>							
C10	Accounts payable and accrued expenses .....		97,267	00	C10	156,379	00
C11	Mortgages and other notes payable: Include schedule .....			00	C11		00
C12	Other liabilities (describe): <b>SEE STATEMENT 7</b> .....			00	C12	54,671	00
C13	<b>Total liabilities: Add lines C10 through C12</b> .....		97,267	00	C13	211,050	00
<b>Net Assets</b>							
C14	Capital stock or trust principal .....			00	C14		00
C15	Paid-in or capital surplus .....			00	C15		00
C16	Retained earnings or accumulated income .....		6,391,091	00	C16	5,454,110	00
C17	<b>Total net assets: Add lines C14 through C16</b> .....		6,391,091	00	C17	5,454,110	00
C18	<b>Total liabilities and net assets: Add lines C13 and C17</b> .....		6,488,358	00	C18	5,665,160	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

**SOUTHWEST CENTER FOR HIV/AIDS**

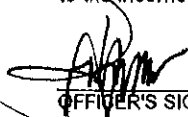
EIN

**\*\*-\*\*\*5862**

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please  
Sign  
Here



OFFICER'S SIGNATURE  
**RICH HYBNER**

**10/29/18**  
DATE

**CFO**  
TITLE

Paid  
Preparer's  
Use  
Only

**RACHEL R. LOCKE, CPA**  
PAID PREPARER'S SIGNATURE

**10/26/2018**  
DATE

**P00450405**  
PAID PREPARER'S PTIN

**FESTER & CHAPMAN, PLLC**  
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

**\*\* - \*\*\*5657**  
FIRM'S  EIN OR  SSN

**9019 E. BAHIA DR STE 100**  
FIRM'S STREET ADDRESS

**602-264-3077**  
FIRM'S TELEPHONE NUMBER

**SCOTTSDALE**  
CITY

**AZ**  
STATE

**85260**  
ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**



\*\*-\*\*\*5862

**Arizona Statements**

FYE: 12/31/2017

**Statement 1 - Form 99, Page 1, Line 2 - Cost of Goods Sold or of Operations**

<u>Description</u>	<u>Amount</u>
VITAMIN AND HERB SHOP SALES	215,983
TOTAL	<u>215,983</u>

**Statement 2 - Form 99, Page 1, Line 11 - Other Income**

<u>Description</u>	<u>Amount</u>
OTHER	32,185
TOTAL	<u>32,185</u>

**Statement 3 - Form 99, Page 1, Line 18 - Depreciation**

<u>Description</u>	<u>Amount</u>
DEPRECIATION	309,987
TOTAL	<u>309,987</u>

**Statement 4 - Form 99, Page 1, Line 19 - Miscellaneous Expenses**

<u>Description</u>	<u>Amount</u>
ACCOUNTING & AUDIT	19,800
TRAVEL	65,897
OTHER PROFESSIONAL SERVICES	227,561
ADVERTISING	47,718
OFFICE EXPENSE	15,869
INSURANCE	42,641
FOOD SUPPLEMENTS	337,483
MATERIALS AND SUPPLIES	190,827
OTHER	71,488
IT EXPENSES	1,811
LEGAL	2,725
RENTAL EXPENSES	9,745
TOTAL	<u>1,033,565</u>

**Statement 5 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDINGS, EQUIPMENT	\$ 6,039,468	\$ 6,080,339
LESS: ACCUMULATED DEPRECIATION	<u>-1,089,025</u>	<u>-1,399,249</u>
TOTAL	<u>\$ 4,950,443</u>	<u>\$ 4,681,090</u>

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**Arizona Statements**

FYE: 12/31/2017

**Statement 6 - Form 99, Page 2, Line C8 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
TENANT IMPROVEMENTS RECEIVABLE	\$ 361,405	\$ 148,178
INTANGIBLE ASSETS		
PREPAID EXPENSES	<u>12,264</u>	<u>27,188</u>
TOTAL	<u>\$ 373,669</u>	<u>\$ 175,366</u>

**Statement 7 - Form 99, Page 2, Line C12 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER CURRENT LIABILITIES	\$	\$ 47,406
TENANT SECURITY DEPOSIT		<u>7,265</u>
TOTAL	<u>\$ 0</u>	<u>\$ 54,671</u>

For the  calendar year 2017 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SOUTHWEST CENTER FOR HIV/AIDS</b>	Employer Identification Number (EIN) <b>**-***5862</b>
Business Telephone Number (with area code) <b>602-307-5330</b>	Address -- number and street or PO Box <b>1101 N CENTRAL AVENUE, SUITE 200</b>	
	City, Town or Post Office <b>PHOENIX</b>	State ZIP Code <b>AZ 85004-1818</b>

**68** Check box if:  This is a first return  Name change  Address change

**A** Date Arizona operations began ..... 10/01/1991

**B** Nature of unrelated business activities: CLINICAL TRIALS

**C** Unrelated business activity codes: 531120

**D** ARIZONA apportionment for multistate organizations only (check one box):  
 AIR CARRIER  STANDARD  SALES FACTOR ONLY

**E**  Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5

**F** Did you file an Arizona Form 99?  Yes  No

**G** Check federal form filed:  990-T  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
 82  82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM  66 RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income .....	<b>1</b>	0 00
2 Additions related to Arizona tax credits claimed .....	<b>2</b>	00
3 Subtotal: Add line 1 and line 2. Enter the total .....	<b>3</b>	00
4 Apportionment ratio for multistate organizations only: See instructions .....	<b>4</b>	
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	<b>5</b>	0 00

**Arizona Tax Liability Computation**

6 Enter tax: <b>Tax is 4.9 percent of line 5, or \$50, whichever is greater</b> .....	<b>6</b>	50 00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31 .....	<b>7</b>	00
8 Subtotal: Add line 6 and line 7. Enter the total .....	<b>8</b>	50 00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56 .....	<b>9</b>	00
10 Credit type: Enter form number for each nonrefundable credit claimed <input type="checkbox"/> 10 <input type="checkbox"/> 31 <input type="checkbox"/> 31 <input type="checkbox"/> 31 <input type="checkbox"/> 31		
11 Tax liability: Subtract line 9 from line 8. Enter the difference .....	<b>11</b>	50 00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amount: <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349 .....	<b>12</b>	00
13 Extension payment made with Arizona Form 120EXT or online .....	<b>13</b>	00
14 Estimated tax payments .....	<b>14</b>	00
15 Amended returns: Payment made with original return plus all payments made after it was filed: See instructions .....	<b>15</b>	00
16 Subtotal payments: Add lines 12 through 15. Enter the total .....	<b>16</b>	00
17 Overpayments of tax from original return or later adjustments: See instructions .....	<b>17</b>	00
18 Total Payments: Subtract line 17 from line 16. Enter the difference .....	<b>18</b>	00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20 .....	<b>19</b>	50 00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax .....	<b>20</b>	00
21 Penalty and interest .....	<b>21</b>	00
22 Estimated tax underpayment penalty: <b>If Form 220 is included, check this box</b> ..... 22A <input type="checkbox"/>	<b>22</b>	00
23 <b>TOTAL AMOUNT DUE:</b> Add lines 19, 21, and 22. Enter the total. If tax is due, non-EFT payment must accompany return .....	<b>23</b>	50 00
24 <b>OVERPAYMENT:</b> See instructions .....	<b>24</b>	00
25 Amount of line 24 to be applied to 2018 estimated tax .....	<b>25</b>	00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference .....	<b>26</b>	00

Name (as shown on page 1)

**SOUTHWEST CENTER FOR HIV/AIDS**

EIN

**\*\* - \*\*\* 5862**

**SCHEDULE A Apportionment Formula (Multistate Organizations Only)**

**IMPORTANT:** Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the "**SALES FACTOR ONLY**" box on page 1, line D, is checked, *complete only Section A3, Sales Factor, lines a through f.* See instructions.

**A1 Property Factor - STANDARD APPORTIONMENT ONLY**

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).

**A2 Payroll Factor - STANDARD APPORTIONMENT ONLY**

Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).

**A3 Sales Factor**

- a Sales delivered or shipped to Arizona purchasers
  - b Sales of services for qualifying multistate service providers only (include Schedule MSP)
  - c Other gross receipts
  - d Total sales and other gross receipts
  - e Weight AZ sales: (STANDARD  $\times 2$ ; SALES FACTOR ONLY  $\times 1$ )
  - f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)
- STANDARD Apportionment, continue to A4.  
SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 4

**A4 STANDARD Apportionment Total Ratio:** Add Column C of lines A1, A2, and A3f. Enter the total.

**A5 Average Apportionment Ratio for STANDARD Apportionment:** Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A + B
$\times 2$	OR	$\times 1$

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

OFFICER'S SIGNATURE

**RICH HYBNER**

10/29/2018

DATE

**CFO**  
TITLE

Paid Preparer's Use Only

**RACHEL R. LOCKE, CPA**

PAID PREPARER'S SIGNATURE

10/26/2018  
DATE

**P00450405**  
PAID PREPARER'S PTIN

**FESTER & CHAPMAN, PLLC**  
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

**\*\* - \*\*\* 5657**  
FIRM'S  EIN OR  SSN

**9019 E. BAHIA DR STE 100**  
FIRM'S STREET ADDRESS

**602-264-3077**  
FIRM'S TELEPHONE NUMBER

**SCOTTSDALE**  
CITY

**AZ**  
STATE

**85260**  
ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**